Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

				10695612									
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	OTAL CLAIMS		20	·			RAT	Έ	FEE	1	RATE	FEE	
FO)R		NUMBER F	FILED	NUMB	BER EXTRA	BASIC	FEE	385.00	OR	BASIC FEE	770.00	
тс	TAL CHARGEA	ABLE CLAIMS	20 - minus 20=		* 6	*6		9=		OR	X\$18=		
INC	DEPENDENT CI	LAIMS	3- mir	3 - minus 3 =			X43	3=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT	RESENT			+145	5=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ТОТ	AL	385.0	Į ι	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)	SMA	LL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
ME	Independent	*	Minus	***		-	X43	=		OR	X86=		
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		+145			OR	+290=		
				•		:	TO	TAL			TOTAL		
		(Calcimn 1)		(Colum	· O\	(Column 3)	ADDIT. FEEOH ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	HIGHI NUME PREVIO PAID F		IEST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	C! AIM	=	· X43:	=]		OR	X86=		
Ш	FIRST FILLOR	NIATION OF WIS	TELIFEE DEL	EINDLIA	CLAIN		+145	=		OR	+290 <u>-</u>		
							TO ADDIT. F			OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	• •=				-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F		PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=	X\$ 9	=	1	OR	X\$18=		
AME	Independent	*	Minus	***		=	X43=	_		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											ADDIT. FEE		
7	ine "Highest Num	nber Previously Paid	d For" (Total or	Independe	ent) is the	highest number	found in the	э арр	ropriate box	in colu	umn 1.		